Name In Full

Certificate of Death

Stephen A Adams

Died at Town: near Taneytown. County: Carroll MARYLAND

Date 1904 Month 1 Day 12 | Age Y. 83 M. 11 D. 28 | Native of Md. | Occupation Retired

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living

Husband of ~~Wife~~

Father's Name

Mother's Maiden Name

79

Cause of Death: Primary — Heart disease

Immediate — ~~Heart~~ Heart failure

How long sick

Accident, Suicide, Homicide

Reported by G H Sies

Address Taneytown. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: William Ails.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sykesville — County: Carroll.

Date of death 1904 — Month: January — Day: 5th

Age — Years: 60. — Months: — Days:

Sex: Male — Color or Race: White. — Birthplace: Maryland.

Married, Single or Widowed: Married. — Occupation: Farmer.

Name of Wife or ~~Husband~~: Mrs. M. Ails.

Father's Name: Unknown. — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown. — Mother's Birthplace: Unknown.

Name of person giving In formation: R. M. Burns. M.D. — How related to deceased: None.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Nephritis. 120 — How long: Unknown.

Immediate: Cardiac Failure. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: R. M. Burns.

Address: Springfield State Hospital. Sykesville Carroll Co. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86916

Name in Full: Margaret Ann Babylon

CERTIFICATE OF DEATH

MARYLAND

443

Died at — Town: Sandyville — County: Carroll

Date of death 1904 — Month: June — Day: 21 — Age — Years: 83 — Months: — — Days: 18

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widow — Occupation:

Name of ~~Wife or~~ Husband: Jeremiah Babylon

Father's Name: Jacob Bloom — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Whitesnew — Mother's Birthplace: Del

Name of person giving information: Mary E Bloom — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age 154 — How long: 84 years

Immediate: Senile Gangrene — How long: 2 Months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. H. Billingslea M.D

Address: Westminster Md

Accident or Suicide? No

LIBRARY BUREAU APP518

Name in Full: Arnold Barnes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Union Bridge; County: Carroll

Date of death 1904: Month: Jan; Day: 21; Age — Years: —; Months: —; Days: 6

Sex: Male; Color or Race: White; Birthplace: Union Bridge

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: Clayton Barnes; Father's Birthplace: Md

Mother's Maiden Name: Emma Knipple; Mother's Birthplace: Md

Name of person giving information: Clayton Barnes; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Osterus Neonatorum; How long: 6 days

Immediate: Lims Complications; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Fair

Address: Union Bridge

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Krypsill. Landung.

Name in Full: William H G Barnes

CERTIFICATE OF DEATH

MARYLAND

436

Died at — Town: Gamber — County: Carroll

Date of death: Month: Jan — Day: 4 — 1904

Age: Years: 76 — Months: 4 — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Carpenter — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Cordelia Becraft

Father's Name: Henry Barnes — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Smith — Mother's Birthplace: do

Name of person giving Imformation: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cardiac dilatation 79 — How long: 2 mos

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr D N Gorsuch

Address: Gamber Md

Accident or Suicide?

LIBRARY BUREAU A88818

Gomber

Name in Full — Certificate of Death

Wm Bandman

Died at — Town: Bandmans Mills — County: Carroll — MARYLAND

Date 1904 — Month: Jan — Day: 13 | Age — Y.: 90 — M.: 3 — D.: 20 | Native of: Maryland | Occupation: Farmer

Male — ~~Female~~ | White — ~~Colored~~ | ~~Married~~ — ~~Single~~ | ~~Widow~~ — Widower | ~~Divorced~~ | Number of children living: Dont-Know

Husband / Wife of — — — —

Father's Name: Frederick Bandman | Mother's Name:

Cause of Death — Primary: Bronchitis — How long sick: 1 week

Immediate — Accident, Suicide, Homicide

90

Reported by: J H Sherman M.D.

Address: Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full 446 Annie E. Beaver

CERTIFICATE OF DEATH

MARYLAND

Died at Town: near Westminster — County: Carroll

Date of death: Month: Jany — Day: 11 — 1904

Age: Years: 63 — Months: — — Days: 15

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of ~~Wife~~ or Husband: Nelson Beaver

Father's Name: Stephen Murray — Father's Birthplace: Maryland

Mother's Maiden Name: Mersey E Baly — Mother's Birthplace: Del

Name of person giving Imformation: Nelson Beaver — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis Bowel — How long: 2 Months

Immediate: Exhaustion — How long: 6 Weeks

108

Are the name, age, sex, color, date and place correctly given above?

Signed 1904

Accident or Suicide?

Signature of Physician

Address: Tom D Wells Westminster Md

LIBRARY BUREAU A88816

Name in Full: Frederick Wm. Bentrup

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Oakland — County: Garrett & Baltimore

Date of death	Month	Day	Age: Years	Months	Days
1904	1	3	83		

Sex: Male — Color or Race: white — Birthplace: Germany

Occupation: Nothing — Where Residing if not at place of death: at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Catherine Bentrup

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: John Smith — How related to deceased: Informant

154.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: 2 hrs

Immediate: Exhaustion — How long: 1 wk

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. W. Bolt M.D.

Address: Harrisonville, Md.

Accident or Suicide?

LIBRARY BUREAU Add316

Name in Full

Certificate of Death

Custer Henry Black

Died at Town: Baughmans Valley County: Carroll Co MARYLAND

Date 19 04 Month: Jan Day: 16

Age Y. 6 M. 7 D. 16

Native of

Occupation

Male / Female

White / Colored

~~Married~~ / Single

~~Widow~~ / Widower

~~Divorced~~

Number of children living 2

Husband / Wife of

Father's Name: Georg Black

Mother's Maiden Name: Susa Stasser

Cause of Death: Primary

Immediate: Scarlet 167

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Edward F. Graft

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

18
16

108
18

288
288

17

Name in Full

Certificate of Death

Gertrude Bowman

Died at Town: Eldersburg. County: Carroll MARYLAND

Date 1904 Month: Jan. Day: 15

Age Y. 4 M. - D. 15

Native of: Md.

Occupation: —

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of —

Wife —

Father's Name: Henry Bowman

Mother's Name: Irene Bowman

Cause of Death:

Primary: Membranous Croup. (9)

How long sick: 2 days.

Immediate: Stoppage of Tracheotomy tube

~~Accident, Suicide, Homicide~~

Reported by: M.D. Morris. M.D.

Address: Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Tamora Brightful

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Windsor — County:

Date of death 1904: Month: 1 — Day: 20

Years: Age 19 — Months: — Days:

Sex: Female — Color ~~or Race~~: — Birthplace: New Windsor

~~Married~~, Single or ~~Widowed~~ — Occupation: Domestic

Name of Wife or Husband:

Father's Name: Edward Brightful — Father's Birthplace: New Windsor

Mother's Maiden Name: — Mother's Birthplace: Uniontown

Name of person giving In formation: H. Bankard Undertaker — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown – Sickness began in Hagerstown — How long:

Immediate: Obscure Brain trouble — How long: about 2 weeks

74

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. H. Brown M.D.

Address: New Windsor Maryland

~~Accident or Suicide?~~

LIBRARY BUREAU A69616

Name in Full: Mary Brooks

CERTIFICATE OF DEATH

MARYLAND

438

Died at: Town: Westminster; County: Carroll

Date of death: Month: Jany; Day: 6th; 1904

Age: Years: 82yr 11m 6da; Months: 11; Days: 6

Sex: Female; Color or Race: White; Birthplace: England

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: Dr. Joseph Dyar Brooks

Father's Name: Thomas Dijod; Father's Birthplace: England

Mother's Maiden Name: Mary Robinson; Mother's Birthplace: England

Name of person giving Information: Joseph D. Brooks; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis; How long: 6 years

Immediate: Exhaustion; How long: 2 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm O Wells

Address: Westminster

Accident, or Casualty?

LIBRARY BUREAU A88816

Name in Full: Eliza J. Brown

CERTIFICATE OF DEATH

MARYLAND

4 14

Died at: Town: Warfieldsburg; County: Carroll

Date of death 1904: Month: Jan; Day: 29; Years: 71; Months: 1; Days: 2

Sex: Female; Color or Race: Colored; Birthplace:

Occupation: House Keeper; Where Residing if not at place of death: House

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: Nolan Squirrell; Father's Birthplace:

Mother's Maiden Name: [illegible] 90.; Mother's Birthplace:

Name of person giving Information: Elias Squirrell; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis; How long: 1 week

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. D. Brooks

Address: Warfield Carroll Co. Md.

Accident or Suicide:

LIBRARY BUREAU A88816

Wesley Chapel

Name in Full: Rebecca Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death: Month: Jan; Day: 6; 1904

Age: Years: 58; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Housewife

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: John T. Brown

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Unger

Father's Birthplace: Md.

Mother's Maiden Name: Eliza Hesson

Mother's Birthplace: Md.

Name of person giving information: John T. Brown

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer

How long: about 3 or 4 yrs

Immediate: Acute Bronchitis

How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas R. Fouts

Address: Westminster Maryland

Accident or Suicide? —

LIBRARY BUREAU A88816

Shaver

Kinder Cemetery

Name in Full: John Millen Bush

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hampstead; County: Carroll

Date of death 1904: Month: 1; Day: 21

Age: Years: —; Months: 9; Days: 7

Sex: Male; Color or Race: White; Birthplace: Hampstead, Md.

Occupation: —; Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: John A. D. Bush.; Father's Birthplace: Hampstead, Md.

Mother's Maiden Name: Annie G. Benson.; Mother's Birthplace: Berrow, Md.

Name of person giving Imformation: Dr. E. M. Bush.; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Fever; How long: 2 da

Immediate: Croup.; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Edgar M. Bush M.D.

Address: Hampstead, Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name In Full

Alice Coven

Certificate of Death

Town

Silver Run

County

Carroll

Died at

MARYLAND

Date 1904	Month: Jan	Day: 6th	Age: Y. 63	M. 2	D. 10	Native of: Maryland	Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living Six

~~Husband~~ Wife of Tobias Coven

Father's Name James Frock

Mother's Maiden Name

Cause of Death: Primary — 40

Immediate — Cancer of Spine

How long sick: Six weeks

Accident, Suicide, Homicide

Reported by Dr J L Stewart

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Honor Cross

CERTIFICATE OF DEATH

MARYLAND

449

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: near Westminster — County: Carroll

Date of death 1904: Month: Jan — Day: 16

Age: Years: 63 — Months: 4 — Days: 3

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: Housekeeper — Where Residing if not at place of death: Home

Married, Single or Widowed: Widow — Name or Wife or Husband: ———

Father's Name: ——— — Father's Birthplace: ———

Mother's Maiden Name: ——— — Mother's Birthplace: ———

Name of person giving Information: Elmer Cross — How related to deceased: Son

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 1 yr

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. D. Hann

Address: Westminster, Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Wesley cemetery

Sloner

Name in Full: Infant Child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death 1904: Month: Jan; Day: 28

Age: Years; Months; Days

Sex: Female

Color or Race: Colored

Birthplace: Maryland

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Thomas Worsey

Father's Birthplace: Maryland

Mother's Maiden Name: Clara Dodson

Mother's Birthplace: Del

Name of person giving information: Thomas Worsey

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

449

CAUSES OF DEATH

Primary: Stillborn

How long

Immediate

How long

PHYSICIAN OR CORONER

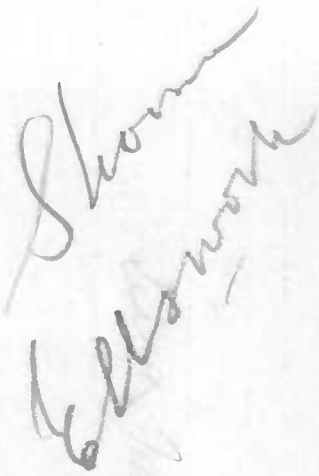
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A29516


Shown
Ellsworth

Name In Full

Certificate of Death

Florence Englar.

Town

Linwood

County

Carroll

Died at

MARYLAND

Date 1904	Month 1	Day 3	Age Y. 42 M. D.	Native of Md	Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 0

~~Husband~~ Wife of Joseph Englar

Father's Name Essay Unger

Mother's Maiden Name Amanda —

Cause of Death — Primary

Immediate Consumption

How long sick

Accident, Suicide, Homicide

Reported by Frank. J. Shriner

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Pebble Creek

Name in Full: Willie Gore

CERTIFICATE OF DEATH

MARYLAND

4427

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town — Louisville; County: Carroll

Date of death 1904: Month: Jan; Day: 16; Age: Years 76; Months 10; Days 9

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Eliza Conway

Father's Name: Jesse Gore; Father's Birthplace: Maryland

Mother's Maiden Name: Marriah Choat; Mother's Birthplace: Md

Name of person giving Information: Charles Gore; How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterial sclerosis; How long: 20 yrs

Immediate: Old age.; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. E. N. Emrich

Address: Gardiner Md

Accident or Suicide?

LIBRARY BUREAU A88916

Name in Full: Mary Jane Gorsuch

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Finksburg — County: Carroll

Date of death: 1904 — Month: January — Day: 9 — Age: Years 78 — Months 6 — Days 11

Sex: female — Color or Race: white — Birthplace: Carroll Co. Louisville Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Wm. Gorsuch

Father's Name: Jesse Patterson — Father's Birthplace: Hartford Co. Md

Mother's Maiden Name: Keturah Jordan — Mother's Birthplace: Carroll Co Md

Name of person giving Imformation: Wm. Gorsuch — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 10 yrs.

Immediate: Pneumonia — How long: 2 weeks.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. S. N. Gorsuch

Address: Gamber Md

Accident or Suicide?

LIBRARY BUREAU A69816

Name in Full: Pearl M. Grove

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Near Taneytown — County: Carroll

Date of death 1904 — Month: Jan — Day: 22 — Years: Age 3 — Months: 2 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Same

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm W. Grove — Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Mary J. ~~Grove~~ Hartman — Mother's Birthplace: Howard Co Md

Name of person giving information: Mary J Grove — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Meningitis 28 — How long: Seven of Months

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. E. Davey

Address: Taneytown Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full

Certificate of Death

John Thos. Haines

Died at Town: Long County: Carroll MARYLAND

Date 1904 Month: 1 Day: 20 | Age Y. 67 M. 1 D. 18 | Native of Md. | Occupation Farming

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 7

Husband ~~Wife~~ of Rebecca Farr

Father's Name Abraham Haines | Mother's Name Sophia Haines

Cause of Death: Primary Bright's Disease | How long sick 2 days.

Immediate Paralysis ~~Accident, Suicide, Homicide~~

Reported by J. P. Wolfe Hon

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Bailey,

Name in Full: Nettie May Hatfield

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Springfield Hospital (County) Carroll

Date of death 1904 — Month 1 — Day 3 — Age — Years 15 — Months — — Days

Sex Female — Color or Race White — Birthplace Md

~~Married~~, Single or ~~Widowed~~ — Single — Occupation None

Name of Wife or Husband —

Father's Name J — Father's Birthplace Md

Mother's Maiden Name — — Mother's Birthplace Md

Name of person giving information Sarah C. Hatfield — How related to deceased Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

69

Primary Epilepsy — How long Lifetime

Immediate Malnutrition — How long Several Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John Norfolk Morris M.D.,

Address Sykesville Carroll Co., Maryland.

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Mary Hull

Town

County

Died at near Uniontown Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date ~~189~~ 1904 Jan	11	Age		3	Maryland	

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ of Wife

Father's Name Henry E. Hull

Mother's Name Jennie E. Hull

Cause of Death: Primary Croup — How long sick 12 hours

Immediate Cause Spasm — Accident, Suicide, ~~Homicide~~

Reported by W. E. Hull M. D.

Address Union Bridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6596B

Name in Full: Mrs Anna Jackson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Near New Windsor

County: Carroll

Date of death 1904: Month: Jan 1 | Day: 14

Age: Years: 30 | Months: 6 | Days: 7

Sex: Female

Color or Race: Colored

Birthplace:

Married, ~~Single~~ or ~~Widowed~~:

Occupation: Domistic

Name of Wife or Husband: Mr Tony Jackson

Father's Name: Black

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation: H. Bankard Undertaker

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tomane Poisoning

How long:

Immediate: Convulsions

How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above?

To the best of my knowledge

Signature of Physician: T. F. Brooks

Address: Marston Md

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full — Certificate of Death

Charles T. Johnson

Died at — Town: Sykesville — County: Carroll — MARYLAND

Date: 1904 — Month: Jan — Day: 27 — Age: Y. 71 M. — D. — Native of: Md — Occupation: Laborer

~~Male~~ — ~~White~~ — ~~Married~~ — Widow — Divorced

~~Female~~ — Colored — Single — ~~Widower~~ — Number of children living

Husband of

Wife

Father's Name: Charles Johnson — Mother's Name: Laura Johnson.

Cause of Death — Primary: Pulmonary Consumption — How long sick: About 6 mos.

Immediate: Pulmonary Consumption — Accident, Suicide, Homicide

Reported by: C. L. Hoffman M.D.

Address: Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: James Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Westminster — County: Carroll

Date of death: Month: Jan — Day: 27 — 1904

Age: Years: 60 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Baltimore

Occupation: Laborer — Where Residing if not at place of death: Home

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Don't Know — Father's Birthplace

Mother's Maiden Name: " " — Mother's Birthplace

Name of person giving Information: Eliza Barnes — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 Weeks

Immediate: Exhaustion Heart Failure — How long: Hours

Are the name, age, sex, color, date and place correctly given above? C.

Signature of Physician: [illegible]

Address: Westminster Md

Accident or [illegible]

LIBRARY BUREAU A08516

Manfalicha

Slovo

Name in Full: Martin Luther Keefer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Harney — County: Carroll

Date of death 1904: Month: Jan. — Day: 8 — Age: Years: 59 — Months: 6 — Days: 30

Sex: Male — Color or Race: white. — Birthplace: Littlestown Pa

Occupation: Farmer — Where Residing if not at place of death: Harney. Md

Married, Single or Widowed: Married — ~~Name of Wife or~~ Husband of: Mary Keefer

Father's Name: John Keefer — Father's Birthplace: Littlestown Pa

Mother's Maiden Name: Ida Keefer. — Mother's Birthplace: " "

Name of person giving Imformation: Mary Keefer — How related to deceased: wife

CAUSES OF DEATH

93

PHYSICIAN OR CORONER

Primary: Jaundice, Pneumonia etc — How long

Immediate: Heart Failure — How long

Are the name, age, sex, color, date and place correctly given above? yes —

Signature of Physician: C M Wood M D

Address: Taneytown Md

Accident or Suicide?

LIBRARY BUREAU A88813

Name in Full

Catherine A. Kloos

Certificate of Death

Died at Town: Taneytown County: Carroll MARYLAND

Date 1904 Month: 1 Day: 20 | Age Y. 84 M. D. | Native of md. | Occupation Retired

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

154

Father's Name Henry Kloos | Mother's Maiden Name Elizabeth Sift

Cause of Death: Primary Senility — How long sick Several months

Immediate Heart failure — ~~Accident, Suicide, Homicide~~

Reported by H. A. Seiss M. D. Taneytown. Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7946

Name in Full: Isaac Lambert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: New Windsor — County: Carroll.

Date of death 1904: Month: Jan — Day: 31 — Age: Years: 78 — Months: 1 — Days: 26

Sex: Male — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

97.

Name of person giving information: Alva Wilson — How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Asthma — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Wittelsin

Address: Baltimore city Md.

Accident or Suicide?

LIBRARY BUREAU A8881G

H. Bankard
Undertaker

Name in Full: John Larkin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster — County: Carroll

Date of death: Month: Jan — Day: 14 — Year: 1904 — Age: Years: 52 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Union Bridge

Occupation: Laborer — Where Residing if not at place of death: County Home

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: dont know — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Joseph Wilcox — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: 50 min's

Immediate: Heart Disease — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John S. Mathias

Address: Westminster Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

County Cemetery.

5

Stoner

Name in Full

Lucinda Lightner

Certificate of Death

Dr Gardner

Died at Town: Harney (Near) County: Carroll

MARYLAND

1904 Month: 1 Day: 24

~~Date 189~~

Age: Y. 65. M. 8. D. 18

Native of: Md

Occupation:

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

Widow ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name: Amos Lightner

Mother's Name: Ann Lightner

Cause of Death: Primary: Senile Dementia 15 How long sick: 8 Wks

Immediate: Exhaustion Vitality

~~Accident, Suicide, Homicide~~

Reported by: J Harry Gardner M.D.

Address: Harney Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John Wesley Lindsay

Died at Town Barrett County Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 Jan	22	Age 25	8		Maryland	Saloon

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband / Wife of ———

Father's Name William Lindsay Mother's Maiden Name Martha Costley

Cause of Death: Primary Pneumonia 93. How long sick 13 days

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by E D Crouk M. D.

Address Winfield Carroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full: Cecelia Logue

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death 1904: Month: Jan; Day: 15

Age: Years: 64; Months: 4; Days: 14

Sex: Female; Color or Race: White; Birthplace: Carroll Co

Occupation: Retired; Where Residing if not at place of death: Home

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: Joshua Sellman; Father's Birthplace: Maryland

Mother's Maiden Name: Maranda Nelson; Mother's Birthplace: "

Name of person giving Information: Mrs Dawson; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia 93. How long: 5 days

Immediate: Heart Failure How long: 3 Hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John S. Matthias

Address: Westminster.

Accident or Suicide?

Maryland

LIBRARY BUREAU A88818

St. Johns cemetery.

Sloan

Name in Full: Ann Elizabeth Miller

CERTIFICATE OF DEATH

MARYLAND

Died at D. P. Creek — County Carroll

Date of death 1904 — Month January — Day 25 — Age Years 63 — Months 4 — Days 5

Sex Female — Color or Race White. Am. — Birthplace Frederick Co. Md.

Married, Single or Widowed Single — Occupation Domestic

Name of Wife or Husband —

Father's Name Noah Miller — Father's Birthplace Frederick Co. Md.

Mother's Maiden Name Susan Mehring — Mother's Birthplace Carroll " "

Name of person giving Information Elizabeth Folger — How related to deceased No relation

42

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Abscess on foot — How long 10 days previous to

Immediate Gangrene, blood poison — How long 2 weeks.

Are the name, age, sex, color, date and place correctly given above? ~~Yes~~

Yes.

~~Accident or Suicide?~~

Signature of Physician C. H. Diller.

Address D. P. Creek Md.

LIBRARY BUREAU A89516

Name in Full: Ephriam I Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Silver Run — County: Carroll

Date of death: 1904 — Month: 1st — Day: 2nd — Age: Years: 65 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Ind.

Occupation: Farmer — Where Residing if not at place of death: Silver Run

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Elya King

Father's Name: Jacob Miller — Father's Birthplace: =

Mother's Maiden Name: Elizabeth Rowlson — Mother's Birthplace:

Name of person giving information: J R Tipton — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 18 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. S. Marshall

Address: Silver Run Ind

~~Accident or Suicide?~~

LIBRARY BUREAU A8U816

Name in Full

Certificate of Death

Caroline C. Miller

Died at Town Arcadia County Carroll MARYLAND

Date 1904	Month 1	Day 18	Age Y. 55	M. 6	D. 7	Native of md	Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

~~Husband~~ Wife of John Miller

Father's Name John Ryder Mother's Maiden Name Mary Wantz

Cause of Death — Primary: Pneumonia 93 — How long sick

Immediate: [illegible] — ~~Accident~~, Suicide, ~~Homicide~~

Reported by R. C. Wells M. D.

Address Hampstead Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Daisy Miller

Town

Died at D. Union Mills County Carroll MARYLAND

Month	Day	Age Y.	M.	D.	Native of	Occupation
Date 1904 June	12	26	—	20	Md	Seamstress

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name George Miller

Mother's Maiden Name Louise Koontz

Cause of Death: Primary

Immediate Intussusception

How long sick 10 Days

Accident, Sulcide, Homicide

Reported by Dr J J Stewart

Address D. Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Gamber; County: Carroll

Date of death 1904: Month: Jan; Day: 28

Age: Years: —; Months: 3; Days: 4

Sex: Male; Color or Race: White; Birthplace: Maryland

Married, Single or Widowed: Single; Occupation: —

Name of Wife or Husband: —

Father's Name: Caleb Miller; Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Nash; Mother's Birthplace: Do

Name of person giving information: Caleb Miller; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

4446

CAUSES OF DEATH

Primary: Pneumonia; How long: 1 week

Immediate: " ; How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. T. Hering

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A88516

Sharon

Pearson

Name in Full: William Miller

CERTIFICATE OF DEATH

MARYLAND

554

Died at — Town: Sandyville — County: Carroll

Date of death: Month: Jany — Day: 12 — 1904

Age: Years: 79 — Months: 6 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Matilda E Miller

Father's Name: John H. Miller — Father's Birthplace: Virginia

Mother's Maiden Name: Margaret Helfenstein — Mother's Birthplace: Virginia

Name of person giving Information: Geo A Miller — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 2 or 3 weeks

Immediate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. H Billingslea

Address: Westminster Md

Accident or Suicide? No

LIBRARY BUREAU A88018

Name in Full Missie A. Myerly — Certificate of Death

Died near Town Keysville County Carroll MARYLAND

Date 1904 Month 1 Day 9 | Age Y. 54 M. 0 D. 6 | Native of Md | Occupation Housekeeper

~~Male~~ Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of George K. Suttra

Father's Name Jacob Myerly | Mother's Maiden Name Rebecca Stansbury.

Cause of Death — Primary: Heart disease | How long sick One year

Immediate: Heart failure | ~~Accident, Suicide, Homicide~~

Reported by H. H. Geiss. M.D.

Address Taneytown. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79P94

Name in Full: Lizzie T. Prugh

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Gamber — County: Carroll

Date of death 1904 — Month: Jan — Day: 17 — Age — Years: 62 — Months: 4 — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Abram. Prugh — Father's Birthplace: Maryland

Mother's Maiden Name: Honor Bennett — Mother's Birthplace: Do

Name of person giving Information: Albert Prugh — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholism — How long: 3 months

Immediate: Apoplexy — How long: 2 minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. D. N. Arnold

Address: Gamber Md

Accident or Suicide?

LIBRARY BUREAU A66616

Gamber

Name in Full

Celia Ryle

Certificate of Death

Town: Manchester County: Carroll MARYLAND

Died at Manchester

Date 189~~3~~ 1904 Month Jan Day 1 | Age Y. 83 M. D. | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Jacob Ryle

Father's Name Manchester Mother's Name Don't Know

Cause of Death: Primary Pneumonia 93 — How long sick 3 days

Immediate — Accident, Suicide, Homicide

Reported by J H Sherman MD

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full: Mary J. Quigley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster — County: Carroll

Date of death 1904: Month: June — Day: 15 — Age: Years: 45 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Michael Quigley — Father's Birthplace: Maryland

Mother's Maiden Name: Jane Sweeny — Mother's Birthplace: Do

Name of person giving In formation: Annie Quigley — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 1 Year

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. T. Hering M.D.

Address: Westminster Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Anna M. E. J. W. Redding.

Town

County

Died at Carroll MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date ~~189~~ 1904	1	18	Age	68	6	15	Penna	Housework

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | Divorced | Number of children living 8

Husband / Wife of Fred. A. Redding

Father's Name Jacob Weaver

Mother's Name Elisa N. Gullen

Cause of Death — Primary: Diabetis — How long sick: 3 years

Immediate: Gangrene

50

Accident, Suicide, Homicide

Reported by Edw. F. O. Keane M. D.

Address Westminster Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Name in Full

John Ridinger

Certificate of Death

Died at Town: Taney Town County: Carroll MARYLAND

Date 1904 Month: Jan 18 Day | Age Y. 83 M. D. | Native of Ire | Occupation Stone Mason

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

Husband / Wife of Jane Ridinger

Father's Name Peter Ridinger | Mother's Maiden Name Catherine Shriner

Cause of Death — Primary: old age — How long sick

Immediate: old age — Accident, Suicide, Homicide

154

Reported by Le Gwinn MD

Address Taney Town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Cerenda Ritter. V

Died at Town: Keysville County: Carroll MARYLAND

Date 1904 Month: 1 Day: 8 | Age Y.: 70 M.: 11 D.: 19 | Native of: md. | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Peter L. Ritter.

Father's Name Benjamin Lippy | Mother's Maiden Name Don't Know

Cause of Death: Primary Cancer of Stomach — How long sick one & half years

Immediate Exhaustion (40) — ~~Accident, Suicide, Homicide~~

Reported by F. H. Sues.

Address Taneytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79813

Name in Full — Certificate of Death

Gorilla Robertson

Died at — Town: Finecil — County: Carroll — MARYLAND

Date 19 04 — Month: Jun — Day: 5 — Age: Y. 2 M. – D. – — Native of: Maryland — Occupation:

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Harry Robertson — Mother's Maiden Neme: Hattie Miller

Cause of Death — Primary: Croup 9. — Immediate: Croup

How long sick: few hours — ~~Accident, Suicide, Homicide~~

Reported by: James M Pickett Mudker.

Address: Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Thomas S. Roberts.

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Sykesville (County) Carroll.

Date of death 1904: Month Jan. Day 25th. Age: Years 43. Months. Days.

Sex: Male. Color or Race: White. Birthplace: Maryland.

Married, Single or Widowed: Married. Occupation: Machinist.

Name of Wife or Husband: Estelle Roberts.

Father's Name: Thomas Roberts. Father's Birthplace: Md.

Mother's Maiden Name: Margaret Sheldon. Mother's Birthplace: Md.

Name of person giving information: R. M. Burns. M.D. How related to deceased: None.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Paresis. How long: 4 yrs.

Immediate: Apoplexy. How long: 2 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. M. Burns M.D.

Address: Springfield State Hosp. Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A6691G

Name in Full: Ephraim Rowe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg — County: Carroll

Date of death 1904: Month: January — Day: 9th — Age: Years: 76 — Months: 8 — Days: 27

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Retired Farmer

Name of Wife or Husband: Annie Kolb

Father's Name: George Rowe — Father's Birthplace: Maryland

Mother's Maiden Name: 93 — Mother's Birthplace: Maryland

Name of person giving In formation: Mrs Annie M. Shafer — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia, Arteria Sclerosis, Valvular Lesion of Heart — How long: 1st Attack 2 or 3 - 5 yrs -

Immediate: Gastritis. — How long: Heart - 1 Attack

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Luther Kemp

Address:

Accident or Suicide?

(1)

LIBRARY BUREAU A888-16

Name in Full: John Sendlinger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster — County: Carroll

Date of death: Month: Jan — Day: 23 — Years: 73 — Months: " — Days: -

Sex: Male — Color or Race: White — Birthplace: Illinois

Occupation: None — Where Residing if not at place of death: Westminster - Md

Married, Single or Widowed: Don't Know — Name of Wife or Husband:

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Pension Papers — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 days

Immediate: Heart. — How long: 12 Hours

Are the name, age, sex, color, date and place correctly given above? yes

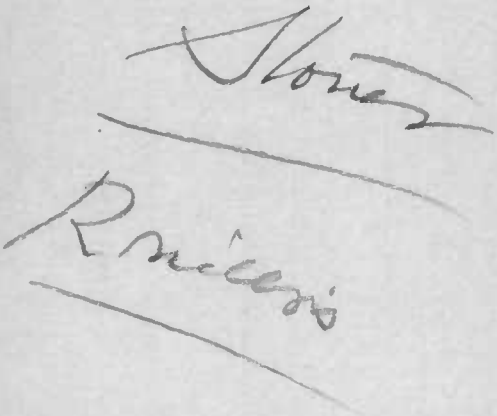
Signature of Physician: John L. Mathias

Address: Westminster Md.

Accident or Suicide? —

93

LIBRARY BUREAU Aug516



Name in Full: George Shaffer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Linthicum — County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Age	Years	Months	Days
	January	24		75	1	6

Sex: Male — Color or Race: White — Birthplace: Anne Co.

Married, Single or Widowed: Married — Occupation: Farmer retired

Name of Wife or Husband: Elizabeth Shaffer

Father's Name: Michael Shaffer — Father's Birthplace: Not known

Mother's Maiden Name: Julia Lafever — Mother's Birthplace: " "

Name of person giving In formation: Elizabeth Shaffer — How related to deceased: wife

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Apoplexy - 6h — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: D. O. H. Jones

Address: Glenville Ywt Co Pa

Accident or Suicide?

LIBRARY BUREAU A6851

Name in Full: Sarah J. Shipley

CERTIFICATE OF DEATH

MARYLAND

437

Died at: Town: Westminster; County: Carroll

Date of death: 1904 Month: Jan Day: 5

Age: Years: 66 Months: 11 Days: 7

Sex: Female Color or Race: White Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Married Name of ~~Wife or~~ Husband: Samuel Shipley

Father's Name: Benjamin Yingling Father's Birthplace: Maryland

Mother's Maiden Name: Ruth Shilling Mother's Birthplace: Del

Name of person giving Information: Samuel Shipley How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

45

Primary: Synovial Carcinoma How long: 4 Years

Immediate: Heart Trouble & Exhaustion How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D. Lile M.D.

Address: Westminster Md

PHYSICIAN OR CORONER

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: George. W. Sparks.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sykesville — County: Carroll.

Date of death 1904 — Month: Jan. — Day: 21st — Age: Years 40 — Months — Days

Sex: Male. — Color or Race: White. — Birthplace: Maryland.

Occupation: Actor. — Where Residing if not at place of death:

Married or ~~Single~~ ~~Widowed~~ — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: R. B. Burns. M. D. — How related to deceased: None.

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis. — How long: Unknown.

Immediate: Phthisis Pulmonales. — How long: Unknown.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: R. B. Burns.

Address: Springfield State Hosp. Sykesville Carroll Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Eliza Ann Stuller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harney; County: Carroll

Date of death: Month: Jan 30; Day: 30; 1904

Age: Years: 53; Months: 4; Days: 9

Sex: Female

Color or Race: White

Birthplace:

Occupation: Housewife

Where Residing if not at place of death: Harney

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: Independence Stuller

Father's Name: unknown

Father's Birthplace: unknown

Mother's Maiden Name: " "

Mother's Birthplace: " "

Name of person giving Imformation: 40

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach — How long: 1 yr.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C W Mcock

Address: Taneytown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Catherine E. Tawney

CERTIFICATE OF DEATH

MARYLAND

4856

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Tawneytown. County: Carroll

Date of death 1904: Month: July. Day: 27. Age: Years 29. Months 10. Days 10.

Sex: Female. Color or Race: White. Birthplace: Tawney

Occupation: Seamstress. Where Residing if not at place of death: Sister

Married, Single or Widowed: Single. Name of Wife or Husband: —

Father's Name: James Tawney. Father's Birthplace: Carroll Co

Mother's Maiden Name: Mary E. Lockard. Mother's Birthplace: " "

Name of person giving information: Milton Little (21). How related to deceased: Brother in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis. How long: 6 Mos

Immediate: Pulmonary Oedema + Hemorrhage. How long: 3 Weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno O. Wills M D

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88516

Luisters Cemetery.

Stover

Name In Full

Certificate of Death

Frederick Wagoner

Died at Town Bloom County Garrett MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 Jan	7	Age 81	10	26	Md	Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband of ~~Wife~~ Mary E. Wagoner

Father's Name Jacob Wagoner Mother's Maiden Name Lizzie Smith

Cause of Death: Primary Valvular Heart Disease How long sick 179

Immediate Frozen to death. Accident Suicide Homicide

Reported by F. T. Brooks M.D.

Address Oakland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 798P

Salem

Name in Full: Brown Walter Warfield

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville County: Carroll

Date of death 1904: Month: 1 Day: 29

Age: Years: — Months: 3 Days: 9

Sex: Male Color or Race: White Birthplace: Md.

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Walter, b Clarence, Brown Father's Birthplace: Md

Mother's Maiden Name: Bessie, Bell, Hobbs Mother's Birthplace: Md.

Name of person giving information: W. B. Brown How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis How long: 4 or 5 days

Immediate: Unknown How long:

90

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Frank Lucas, M.D.

Address: Sykesville, Md.

Accident or Suicide?

LIBRARY BUREAU A66510